South Dakota Mental Health Statistics Improvement Program (MHSIP)

Draft of Year 2005 Report
What Do Adult Consumers Say About Mental Health Services?

The South Dakota Mental Health Division initiated a project to obtain evaluations by consumers of services received from local community mental health centers in 1999. Random surveys were conducted of adult consumers who had serious and persistent mental illnesses. All eleven community mental health centers volunteered to participate in the initial project in 1999, and in all subsequent projects from Year 2001 on.

Survey Distribution and Returns

The Year 2005 sample was drawn from all consumers with at least one service for the past three months. All adult consumers are SPMI. For Year 2005 out of 945 surveys sent, 67 were returned as undeliverable because of a bad address, leaving 878 possible returns. Surveys were returned by 249 individuals, a return rate of 28%. Consumers were included in the subsequent analyses only if they had completed sufficient items to compute at least two of the MHSIP domains. Two hundred forty-four (244) consumers did this, a return completion rate of 27.8%. Both the return rate and the return completion rate are quite good.

The lower return rate for this survey compared to those of prior years is attributable to a change in survey method. In previous years a second survey was sent out after approximately two weeks to those who had not as yet returned their survey. This year the survey was sent out once only.

For Year 2005 the number of completed surveys for each CMHC varied from 9 to 32 (see table, next page). The completion percentages varied from a low of 21/3% to a high of 35.6%. All surveys were able to be identified. Only one CMHC, Three Rivers, had fewer than 15 returns. This was also the CMHC with the lowest adult consumer population and the second highest return rate.

South Dakota agreed to help pilot test two new scales. These were added to this year's instrument. Findings will be reported of the correlations of the scores on these instruments with the MHSIP scales.

Number of Surveys Completed by CMHC for each Year

PROVIDERS	Grand Total	Years 1999-2002 (average)	Year 2003	Year 2004	Year 2005 (delivered)	Year 2005 Usable Returns	% Completed Usable Surveys 2005
Not Available	24	6.3	3	1	n.a.	0	
Behavior Management Systems	242	43.3	32	40	96	27	28.1%
Capital Area CS	179	32.0	23	30	84	22	26.2%
Community Counseling Services	235	39.3	41	38	91	30	33.0%
Dakota Counseling Institute	195	35.0	26	32	70	21	30.0%
East Central Mental Health	189	35.7	32	25	93	20	21.5%
Human Service Agency	213	37.7	36	32	70	15	21.4%
Lewis and Clark Behavioral Health Services	196	33.0	25	36	80	17	21.3%
Northeastern Mental Health Center	234	40.0	28	43	88	26	29.5%
Southeastern Behavioral HealthCare	250	44.3	41	38	90	32	35.6%
Southern Plains Behavioral Health Services	189	28.7	35	34	89	25	28.1%
Three Rivers Mental Health	37	4.3	12	6	27	9	33.3%
Totals	2183	1139	334	355	878	244	27.8

Survey instruments were based on a national instrument being implemented in most states through the MHSIP Program. Consumers were asked to agree or disagree with 28 statements related to the ease and convenience with which they got services (used to compute the domain of Access), the quality of services (used to compute the domain of Appropriateness), the results of services (used to compute Outcomes), the consumer's ability to direct their own course of treatment (used to compute Treatment Participation, and whether they liked the service they got (used to compute General Satisfaction). Finally, an Overall MHSIP score was defined from the average consumer response to all MHSIP items.

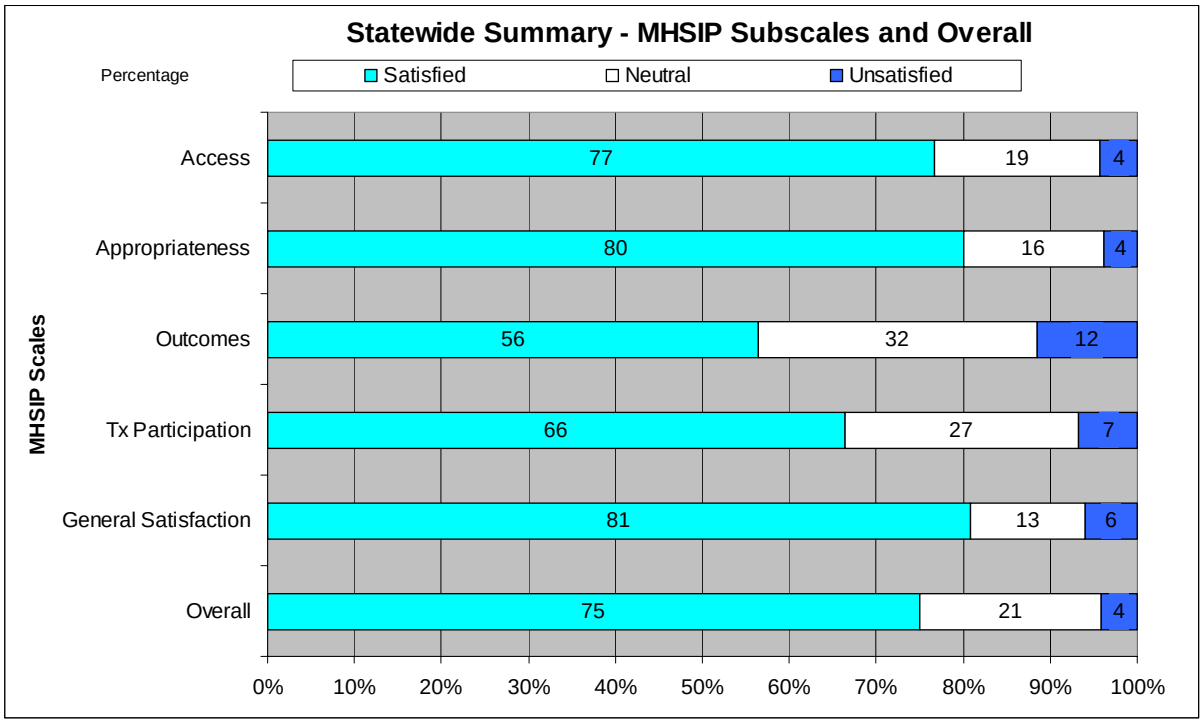
An overall MSHIP score for each consumer was computed as well as a score for each of the five MHSIP domains. A MHSIP score is computed only if two-thirds or more of the questions that comprise the score were answered; otherwise that scale is left blank.

As just defined, scores can range from a low of 1 (the most positive response) to a score of 5 (the least positive response). A consumer whose domain score is less than 2.5 is defined as having been 'satisfied' with that domain. Scores between 2.5 to 3.5 are defined as 'neutral', and scores higher than 3.5 are considered unsatisfied with that domain.

This data will be analyzed and presented based on two different types of scores. The primary set of analyses will use the scores themselves as the measure. In some cases we will also use the consumer's classification of 'satisfied', 'neutral', or 'dissatisfied' on the MHSIP domains and on the MHSIP overall as a secondary measure. Note that this second measure compared to the first is less 'sensitive' to differences among groups because the primary measure is much closer to being a continuous measure (e.g., can take on many more values).

Findings Statewide

The chart below presents the percentage of consumers whose evaluations indicate that they are satisfied, neutral, or unsatisfied as defined above. This was done separately for each domain and for the MHSIP Overall. An inspection of this chart indicates that consumers evaluated services very positively overall and in all five domains. There were an especially high percentage of consumers satisfied in the domains of Access and Appropriateness, as well as with General Satisfaction. Seventy-five per cent of consumers indicated that there was satisfied on MHSIP Overall.



The average score and standard deviation for each domain and for the MHSIP Overall are presented in the table below. Also included is the number (and percentage) of these 244 consumers for whom a score could be computed.

As shown in this table the mean domain scores for this year compared to last year are quite similar except, perhaps, for the domain of Quality/Appropriateness. Nonw of the differences between consumer responses in 2005 compared to 2004 were statistically significant, however ($p > .45$ in all cases). Not surprisingly effect sizes were also very small.

Domain	# (and %) of valid scores from 244 respondents	Mean Y2005	Mean Y2004	Standard Deviation Y2005
Access (based on 6 items)	236 (97%)	1.89	1.90	0.82
Appropriateness (based on 9 items)	235 (96%)	1.94	2.02	0.75
Outcomes (based on 8 items)	225 (92%)	2.37	2.39	0.94
Treatment Participation (2 items)	223 (91%)	2.06	2.08	0.92
General Satisfaction (3 items)	234 (96%)	1.84	1.86	0.93
MHSIP Overall (based on all 28 items)	240 (98%)	2.04	2.09	0.71

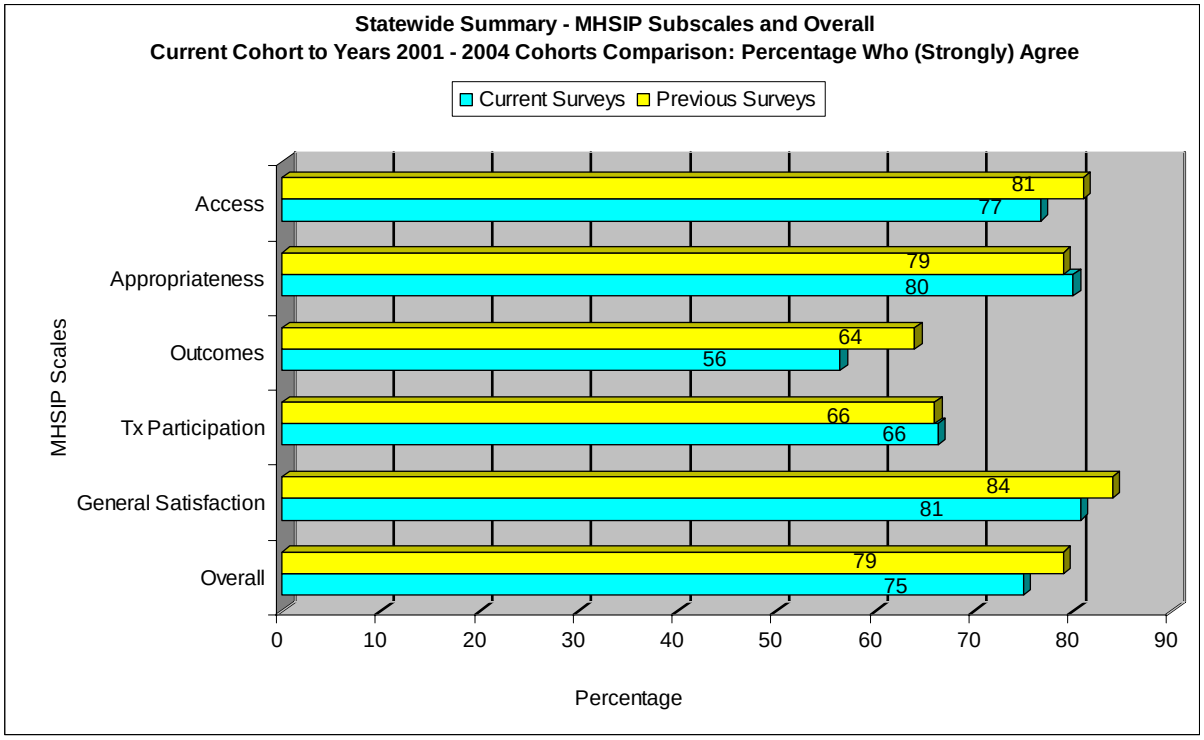
The domain of Outcomes is most closely based on actual behavior. Adult consumers consistently have rated the domain least positively; they did so in this year's survey as well. Statistically this domain was significantly less positive than any of the other domains ($p<.000$). The effect size differences between Outcomes and the other MHSIP domains were in the small to moderate range. This is a meaningful effect.

As has generally been the case for adult consumers the domain of General Satisfaction has been rated most positively, on average. The domain of Access has generally been next. There were few statistically significant differences or meaningful effect sizes between either of these domains and the others excluding the domain of Outcomes discussed above.

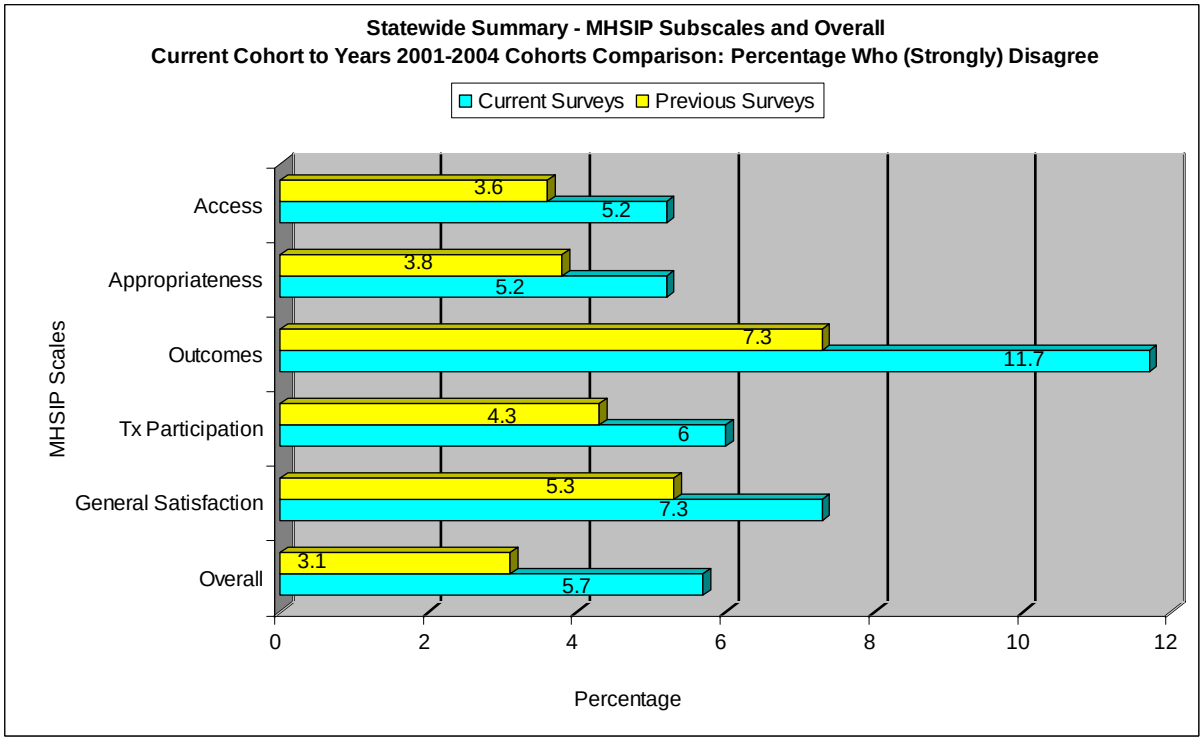
On a related but independent issue there is a high degree of consistency in the way consumers rate each of these five domains. This year correlations between pairs of domains fall between 0.53 and 0.87; this is similar to the magnitude of the correlations found last year and in previous years. One way to interpret this finding is to note that adult consumers have a tendency to rate all the domains in a 'consistent' way. That is, for those who rate the items in one domain strongly positively or negative compared to other respondents, there is a tendency to do the same for the items in the other domains. It should be noted that this only a tendency.

'Trend' analyses were carried out to determine whether there were any consistent changes in MHSIP scale scores over the six administrations of the questionnaire. None were found worth discussing. It is worth noting that last year results for the domain of Outcomes showed that "when the pilot year of the project is eliminated, there is a steady negative trend in consumer's ratings of the Outcomes domain (means of 2.17, 2.25, 2.28 and 2.39 for Years 2001 – 2004 respectively)." This "troubling development" has at least minimally reversed itself. Means for this domain for this year compared to last year are 2.37 vs. 2.39 respectively. While not even close to being statistically significant ($p>.80$) the comparison does show a small improvement.

The two charts below both include and illustrate the comparison above. The first chart shows the statewide summary of each of the MHSIP subscale (domain) scores along with MHSIP Overall on the percentage of consumers who are satisfied. It compares the responses to this survey to all previous surveys with the exception of the Pilot year (1999). These percentages are quite similar with the exception of the Outcomes domain. Given the results above it is to be expected that the percentage satisfied in the last few years is lower that was previously the case. Thus the percentage satisfied this year is noticeably lower than the average.



A second chart, below, shows the statewide summary of MHSIP Overall and each of the MHSIP subscale (domain) scores for the percentage of consumers who are unsatisfied. In general these current consumers are more likely to be unsatisfied than consumers from the previous four years. This is especially notable for the Outcomes domain. Note that the differences shown below are really between the more recent years of the survey and the first few years.

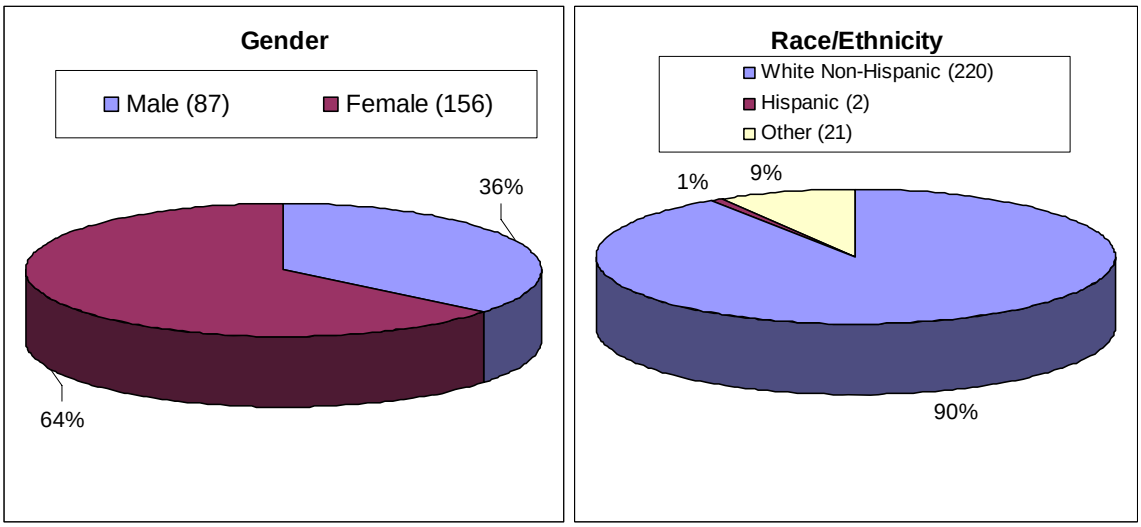


Below is a table that presents the breakdown of gender with race/ethnicity. The following two charts then present the percentage breakdown. For gender and ethnicity the percentages in the two charts are quite similar to those from last year. The percentage of males compared to females has continued to increase (54% vs. 58% vs. 64% for Years 2003, 2004 and 2005 respectively).

Count of Individuals Completing Items
for two or more MHSIP Domains

Race/Ethnicity	Male	Female	Unknown	Total	Percent of known
White Non-Hispanic	78	142	0	220	100%
Hispanic	2	0	0	2	100%
Other	7	13	1	21	95%
Unknown	0	1	0	1	100%
Total	87	156	1	244	100%

Gender and Race/Ethnicity of Respondents



% Individuals Completing Surveys (excludes unknown)

Health-related Quality of Life (HRQOL) Scale

Four items were added to the 2003 adult consumer questionnaire to assess a measure developed by the Center for Disease Control to track health-related quality of life (http://www.cdc.gov/hrqol). These items were included in the current survey. Respondents are asked to 1) rate their general health on a 5-point scale from 1 = 'excellent' to 5 = 'poor', 2) rate the number of days in the last month that their physical health was not good, 3) make the

same rating for mental health, and 4) rate the number of days in the last month that poor physical or mental health kept the respondent from doing their usual activities. Including this measure in the MHSIP survey of a neighboring state, Wyoming, provided further information about respondent's general status and insight that allowed for a better interpretation of some of the MHSIP scale findings. It was hoped that including this measure in the S.D. survey would be equally informative. This turned out to not be the case initially. Results for Year 2004 survey were more promising, providing evidence for the validity of the MHSIP Outcomes domain.

The table below reports the number of unhealthy days in the past month from both the original CDC telephone survey for South Dakota and for the FY 2003 through FY 2005 Consumer Mail Surveys. These results appear to indicate that the South Dakota group rate themselves as less impaired than those in the CDC survey; this latter group was characterized as having emotional problems. It should be noted that the CDC sample of people with emotional problems was small. The method of administration was different in both surveys as well.

This year's sample compared to those of previous years continued to rate itself less positively for their average number of physically unhealthy days; the average number of mentally unhealthy days is virtually identical to last year's. Thus a comparison of findings on the HRQOL for these three years shows a substantial increase in both physical and mental unhealthy days ($p<.01$ in both cases). Even in the latter case, however, the effect size is below small, indicating that this is not a clinically meaningful result.

		Unhealthy Days	
	#	Physical	Mental
CDC Telephone Survey			
Total	13,244	3.2	2.8
Cancer	44	8.2	12.6
Emotional problem	44	9.4	17.5
Consumer Mail Survey			
Respondents – FY 2003	329	6.8	9.7
Respondents – FY 2004	345	8.3	11.7
Respondents – FY 2005	244	9.3	11.6

Correlations were carried out between the HRQOL and the MHSIP domains to assess the relationship between these two sets of ratings. While in the first year few significant relationships were found between the number of physical and of mental unhealthy days and MHSIP domain scores, the pattern of results was substantially more interesting for the last two years. The current results for South Dakota for the last two years are virtually identical to those found for Wyoming. As was the case with Wyoming, the highest correlations of unhealthy days were found with the outcome domain ($r = 0.28$ and $r = 0.51$ for unhealthy physical and mental days respectively for this year's sample). The size of these two

correlations is virtually identical to that found last year. This provides substantial evidence for the validity of the ratings made by consumers in the MHSIP Outcomes domain.

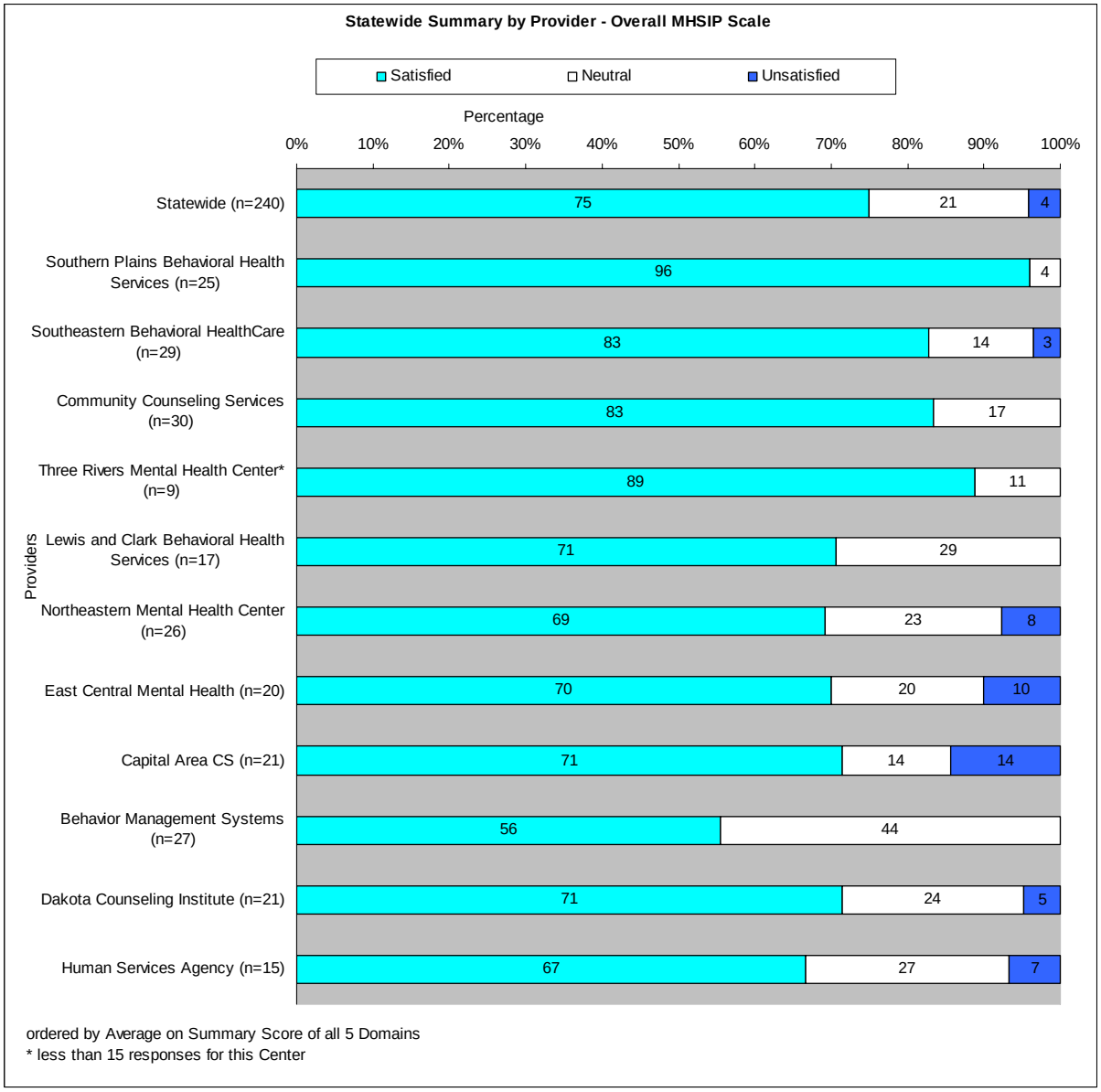
These findings compared to those of FY 2003 continue to provide part of an explanation as to why Outcomes scores are less positive these last two years than in FY 2003. That is, the correlation of about 0.50 for the last two years indicates that in general those who report a higher number of mental unhealthy days also show a tendency to have a less positive score on the Outcomes domain. Since Year 2004 and 2005 consumers reported a great number of mental unhealthy days than consumers in Year 2003, this could account for some of the negative change in the Outcomes domain. It should be noted that those not receiving services comprised a very small part of the sample (less than 6.5%) in both of these years.

Also of interest was whether respondents who were no longer receiving services compared to those still receiving services reported somewhat fewer days in which mental health was a problem. In the last two years there were significant differences in the expected direction for both physical and mental health days. Thus those who reported they were no longer receiving services, compared to those who are, reported fewer days in which physical health was a problem (means of 3.8 vs. 9.8, $p<.01$), and fewer days in which mental health was a problem (means of 6.9 vs. 12.0 days respectively, $p<.05$). Over all three years the mean differences for these two groups for physical health days were 4.7 vs. 8.3 ($p=.01$). For mental health days the mean differences were 8.8 vs. 11.1 ($p<.10$). The first finding represents a moderate effect size, while the second finding represents a small effect size at best.

Findings by CMHC

Consumer Evaluation of Services by Provider: The graphs that follow show the percentage of consumers satisfied Overall and by MHSIP domain for each provider. Small differences in percentages between Centers are not meaningful. Many things may account for the differences among the Centers, even when statistically significant differences are found. These include differences in the nature of the Centers themselves, differences in the services they offer, and/or differences in the characteristics of their consumers.

Note that the CMHCs are arranged by their score on the entire set of MHSIP items (MHSIP Overall). It is to be expected that the CMHC(s) with the highest score(s) will not necessarily have the highest percentage of consumers who are satisfied. As mentioned in the Introduction, categorizing consumers as to whether they are Satisfied, Neutral, or Unsatisfied is a less sensitive measure than the actual score because it converts a scale that can very between 1.0 and 5.0 into a measure that has only three categories.



As already reported, seventy-five percent of consumers Statewide evaluated services positively Statewide (were 'Satisfied'). This is within a couple of percentage points of the percentages for the last two years.

The percentage of consumers who reported themselves "Satisfied" by each CMHC varied between a high of 96% to a low of 56%. Two CMHCs, Capitol Area CS and East Central MH, had 10% of more of its consumers 'dissatisfied'. The table below shows for each CMHC the means and number of respondents for the overall MHSIP summary score.

Southern Plains Behavioral Health	1.56 (25)	East Central Mental Health	2.15 (20)
Southeastern Behavioral HealthCare	1.95 (29)	Capital Area Counseling	2.30 (21)
Community Counseling Services	1.84 (30)	Behavior Management Systems	2.22 (27)
Three Rivers Mental Health	1.87 (9)	Dakota Mental Health	2.22 (21)
Lewis and Clark Behavioral Health	2.00 (17)	Human Service Agency	2.36 (15)
Northeastern Mental Health Center	2.14 (26)	Statewide Average	2.04 (240)

Compared to last year comparisons among providers this have less power because there is a substantially smaller sample this year compared to last. Despite this the means shown above for the MHSIP Overall and for several of the MHSIP domain scores reported in subsequent analyses do differ significantly among the eleven CMHCs. There were statistically significant differences for consumers' evaluation for the MHSIP overall ($p<.01$) and for the domains of Access ($p=.05$), Quality/Appropriateness ($p<.01$), and for Outcomes ($p<.05$). Southern Plains Behavioral Health Services tends to be the top rated CMHC in most domains, reliably different from at least one other CMHC, Human Service Agency.

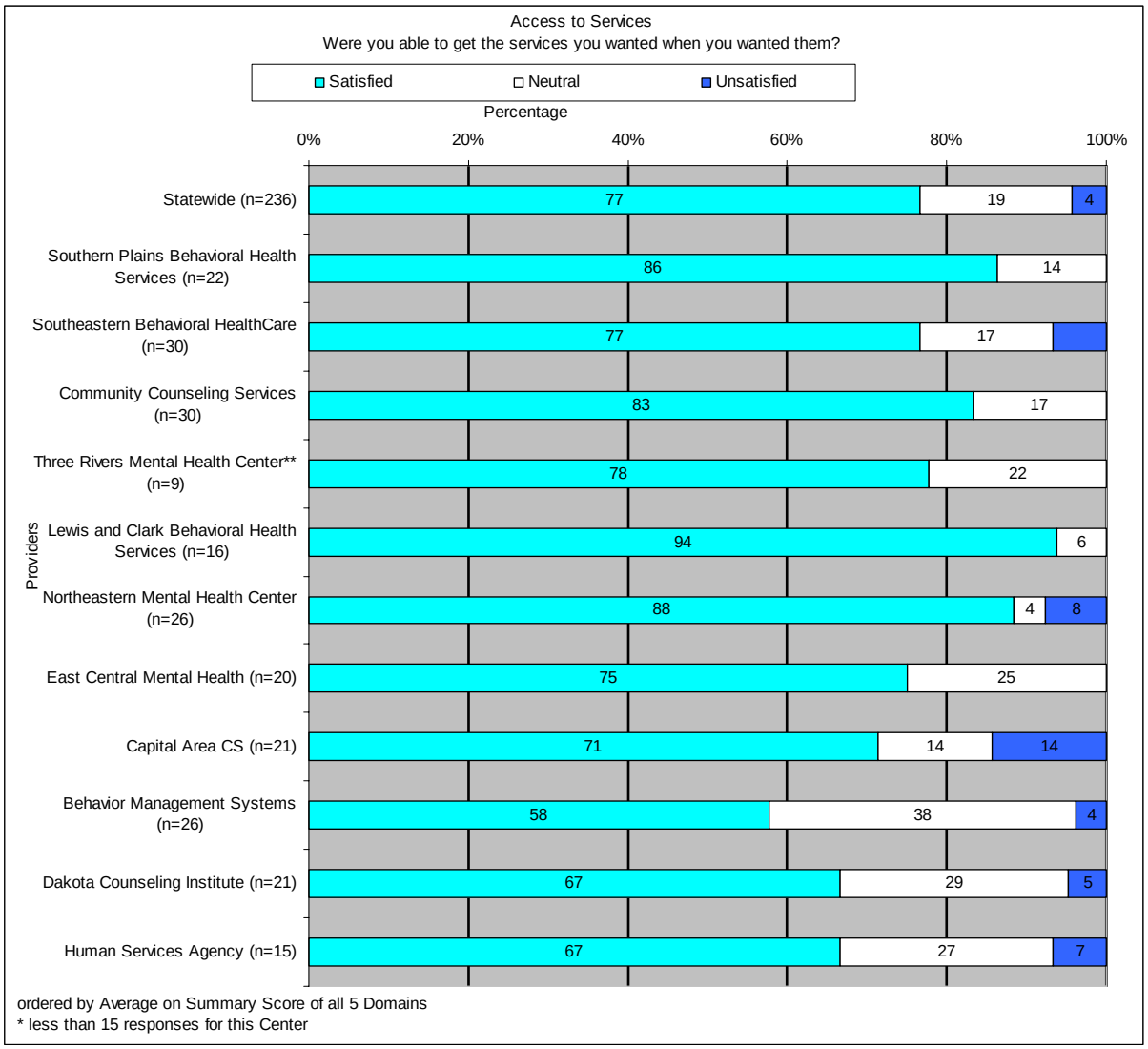
Comparisons among CMHCs for all surveys to date: Results from the data gathered from all six surveys found highly statistically significant differences among all five MHSIP domains and MHSIP overall ($p<.001$ and beyond for all analyses). As was the case last year post hoc tests showed that the one consistent difference over all domains and MHSIP overall was that Southern Plains Behavioral Health Services received reliably more positive scores than all other CMHCs; there were very few exceptions to this finding. There were no instances in which a provider received scores that were reliably less positive than other CMHCs.

The challenge posed for several years now is for the CMHCs to:

- discuss possible reasons that might account for the differences reported above, allow WICHE to validate them if possible
- look for ways to improve services or maintain already outstanding services, and
- implement strategies to improve services when appropriate.

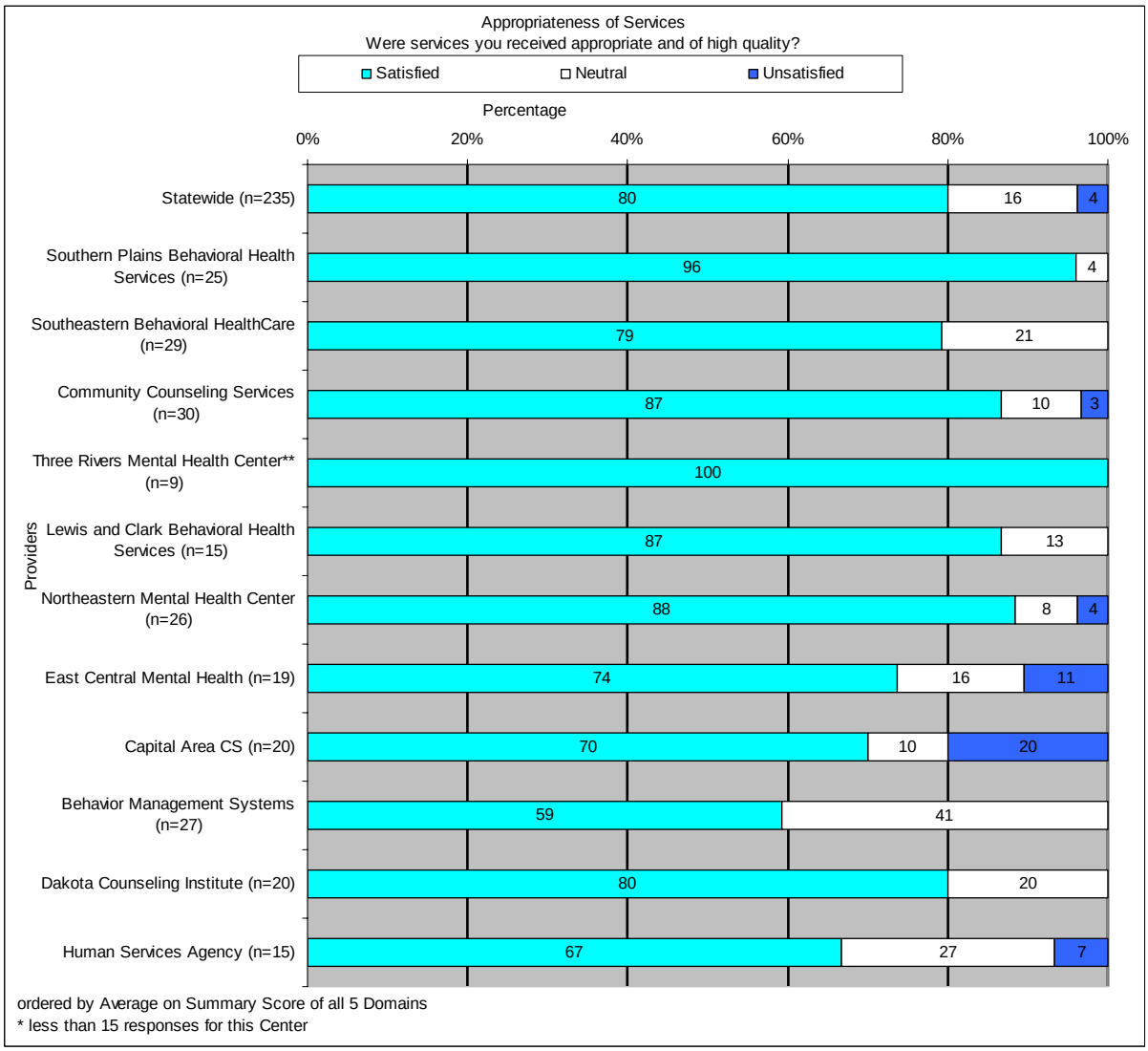
While low scores are not to be construed as negative reflections on CMHCs, it would seem that at this point it could be very useful to compare and contrast the CMHCs that consistently do well with those that consistently do less well. The effort might best be initiated by conversations between S.D. and WICHE personnel.

The following pages present charts comparing the percentages of consumers who were satisfied, neutral, and unsatisfied for each of the eleven CMHCs on each of the MHSIP domains. An accompanying table presents the average score on each domain and the number responding for each CMHC.



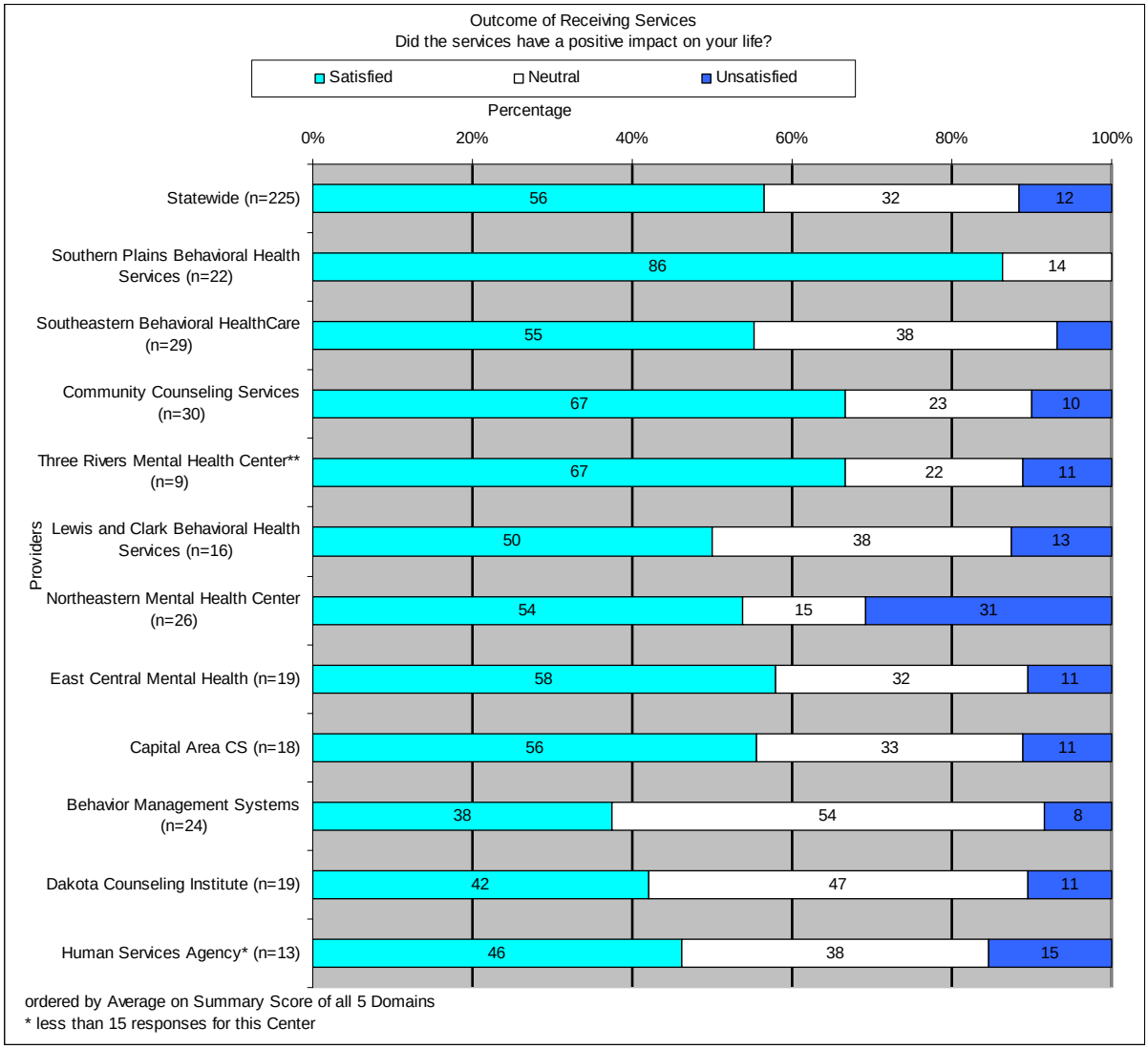
Statewide, 77% of consumers evaluated their access to services positively (strongly agreed or agreed with the positive survey statements assessing the domain of Access). This is within a couple of percentage points of the Statewide percentage for the last two years. The percentage of consumers who reported themselves "Satisfied" on this domain varied between a high of 88% to a low of 58%. This can be considered a positive finding. Only one CMHC, Capitol Area, had 'unsatisfactory' ratings from more than 10% of its consumers. The average domain score for each CMHC along with the number of consumers responding is presented below.

Southern Plains Behavioral Health	1.46 (22)	East Central Mental Health	1.94 (20)
Southeastern Behavioral HealthCare	1.87 (30)	Capital Area Counseling	2.19 (21)
Community Counseling Services	1.71 (30)	Behavior Management Systems	2.08 (26)
Three Rivers Mental Health	1.61 (9)	Dakota Mental Health	1.99 (21)
Lewis and Clark Behavioral Health	1.83 (16)	Human Service Agency	2.32 (15)
Northeastern Mental Health Center	1.84 (26)	Statewide Average	1.89 (236)



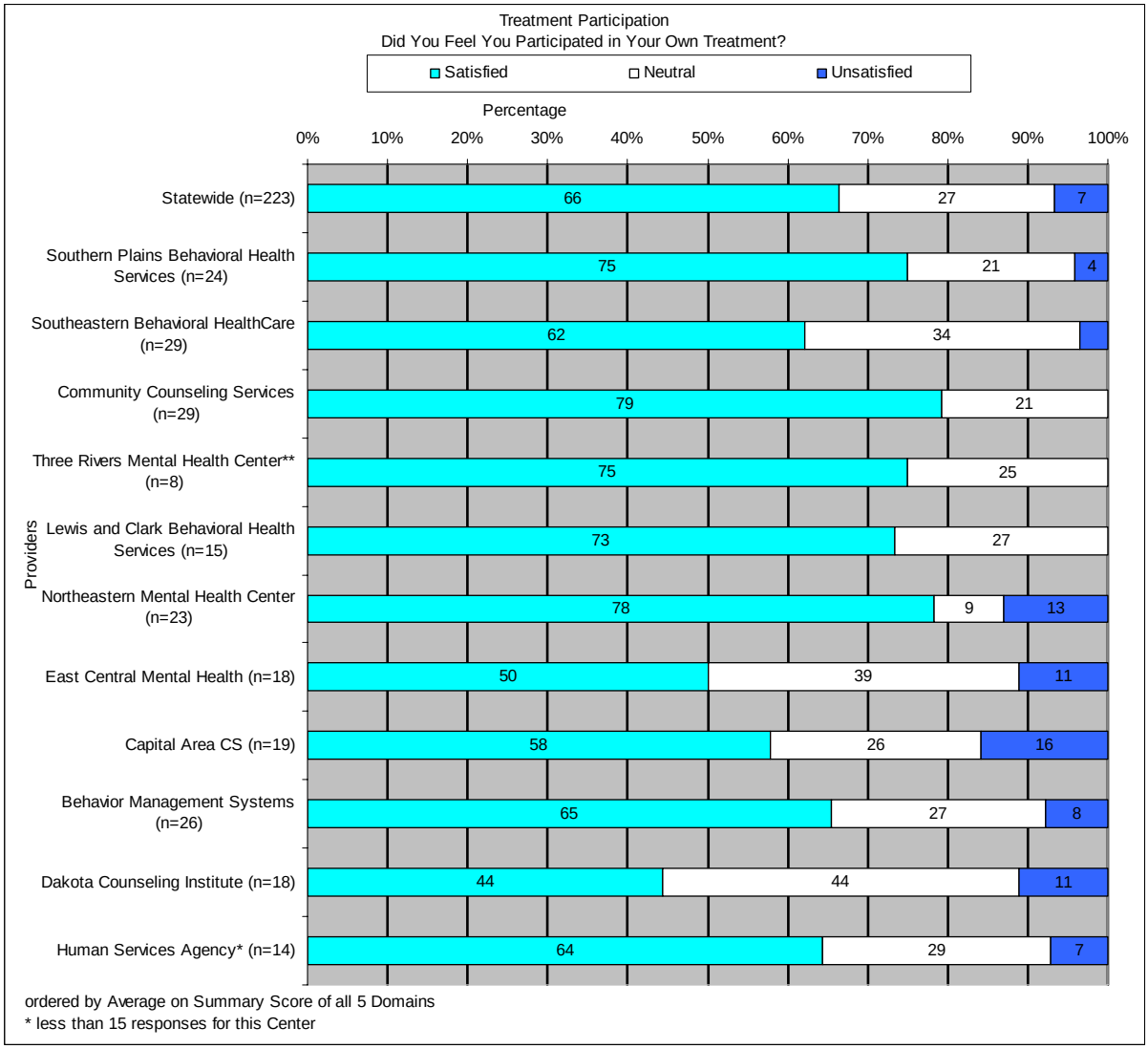
Statewide, 80% of consumers evaluated the quality/appropriateness of services positively (strongly agreed or agreed with the positive survey statements assessing the domain of Appropriateness). This is one percentage point higher than the percentages for last year. The percentage of consumers who reported themselves "Satisfied" on this domain varied between a high of 96% to a low of 59%. . Two CMHCs, Capital Area and East Central MH, had 'unsatisfactory' ratings from more than 10% of its consumers. The average domain score for each CMHC along with the number of consumers responding is presented below.

Southern Plains Behavioral Health	1.53 (25)	East Central Mental Health	2.22 (19)
Southeastern Behavioral HealthCare	1.83 (29)	Capital Area Counseling	2.25 (20)
Community Counseling Services	1.74 (30)	Behavior Management Systems	2.17 (27)
Three Rivers Mental Health	1.62 (9)	Dakota Mental Health	2.08 (20)
Lewis and Clark Behavioral Health S	1.79 (15)	Human Service Agency	2.31 (15)
Northeastern Mental Health Center	1.87 (26)	Statewide Average	1.94 (235)



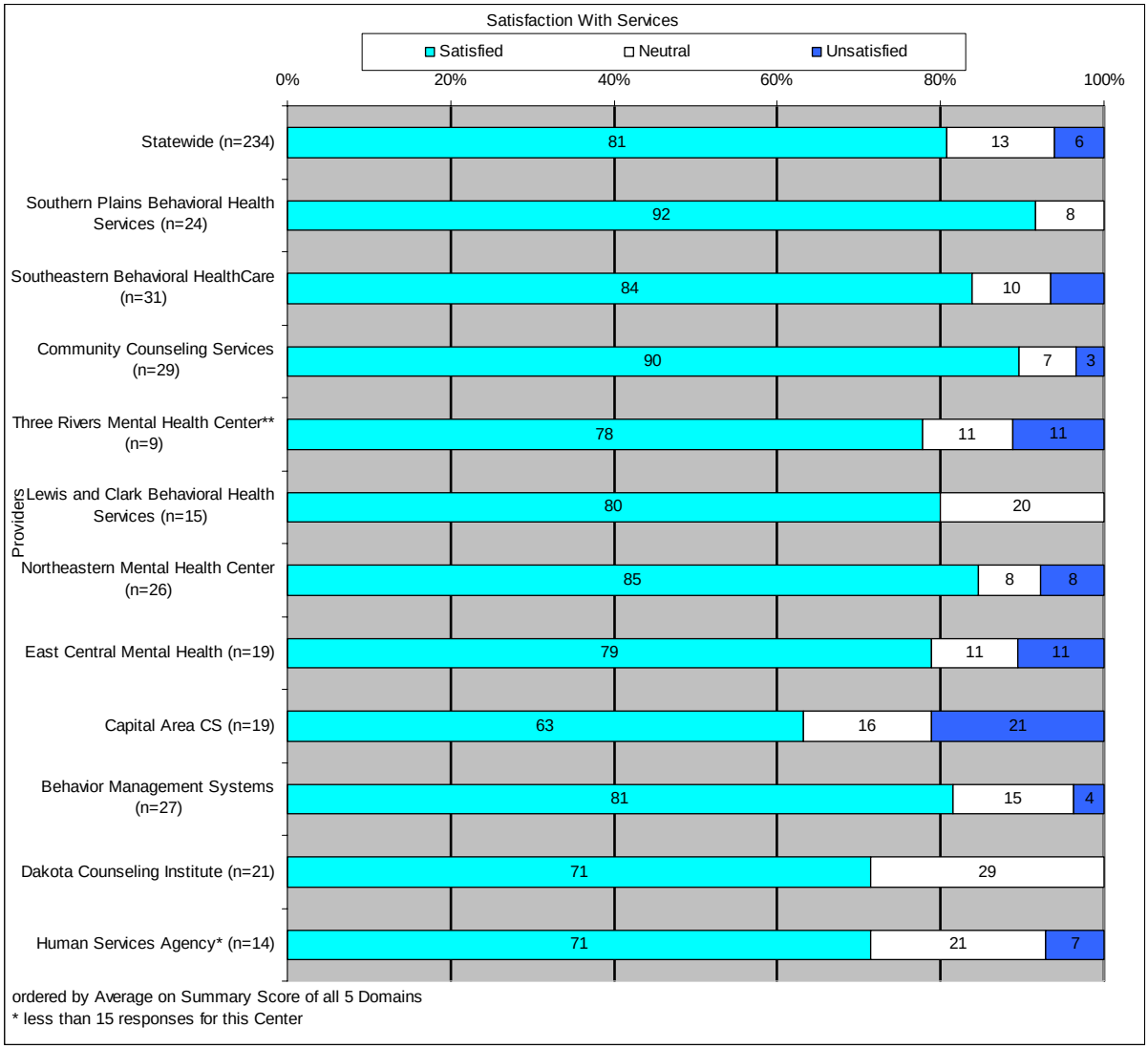
Statewide, 56% of consumers evaluated the outcomes of services positively (strongly agreed or agreed with the positive survey statements assessing the domain of Outcomes). This is a bit lower than the percentages for the last two years of 59% and 61% respectively. The percentage of consumers who reported themselves "Satisfied" on this domain varied between a high of 86% to a low of 38%. Eight CMHCs had 'unsatisfactory' ratings of 10% or more of their consumers. One of these, Northeastern Mental Health, received "unsatisfactory" ratings from more than 30% of their consumers. The average domain score for each CMHC along with the number of consumers responding is presented below.

Southern Plains Behavioral Health	1.67 (22)	East Central Mental Health	2.42 (19)
Southeastern Behavioral HealthCare	2.22 (29)	Capital Area Counseling	2.43 (18)
Community Counseling Services	2.09 (30)	Behavior Management Systems	2.61 (24)
Three Rivers Mental Health	2.28 (9)	Dakota Mental Health	2.68 (19)
Lewis and Clark Behavioral Health	2.35 (16)	Human Service Agency	2.68 (13)
Northeastern Mental Health Center	2.84 (26)	Statewide Average	2.37 (225)



Statewide, 66% of consumers evaluated their participation in treatment positively (strongly agreed or agreed with the positive survey statements assessing the domain of Treatment Participation). This is virtually identical with the percentage satisfied in the last two years. The percentage of consumers who reported themselves "Satisfied" on this domain varied between a high of 79% to a low of 44%. Four CMHCs, Capital Area, Northeastern MHC, East Central and Dakota Counseling, had 'unsatisfactory' ratings from more than 10% of its consumers. The average domain score for each CMHC along with the number of consumers responding is presented below.

Southern Plains Behavioral Health	1.71 (24)	East Central Mental Health	2.36 (18)
Southeastern Behavioral HealthCare	1.93 (29)	Capital Area Counseling	2.39 (19)
Community Counseling Services	1.83 (29)	Behavior Management Systems	2.13 (26)
Three Rivers Mental Health	1.69 (8)	Dakota Mental Health	2.36 (18)
Lewis and Clark Behavioral Health	2.10 (15)	Human Service Agency	2.29 (14)
Northeastern Mental Health Center	1.98 (23)	Statewide Average	2.06 (223)



Statewide, 81% of consumers evaluated their satisfaction with services positively (strongly agreed or agreed with the positive survey statements assessing the domain of General Satisfaction). This is within a couple of percentage points of the percentage satisfied in the last two years. The percentage of consumers who reported themselves "Satisfied" on this domain varied between a high of 92% to a low of 63%. Three CMHCs had 'unsatisfactory' ratings from more than 10% of its consumers with one, Capital Area CS, having over 20% of its consumers "unsatisfied". The average domain score for each CMHC along with the number of consumers responding is presented below.

Southern Plains Behavioral Health	1.32 (24)	East Central Mental Health	1.84 (19)
Southeastern Behavioral HealthCare	1.80 (31)	Capital Area Counseling	2.39 (19)
Community Counseling Services	1.71 (29)	Behavior Management Systems	1.95 (27)
Three Rivers Mental Health	1.96 (9)	Dakota Mental Health	1.92 (21)
Lewis and Clark Behavioral Health	1.82 (15)	Human Service Agency	1.98 (14)
Northeastern Mental Health Center	1.83 (26)	Statewide Average	1.84 (234)

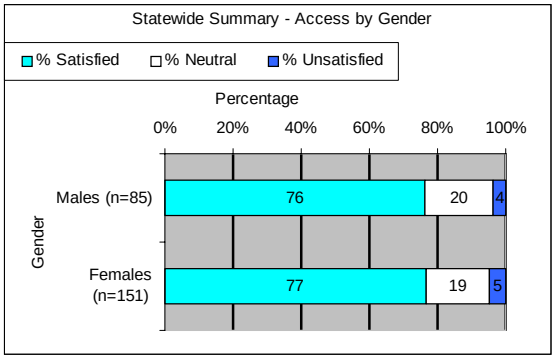
Demographics (Cultural Competence of Care)

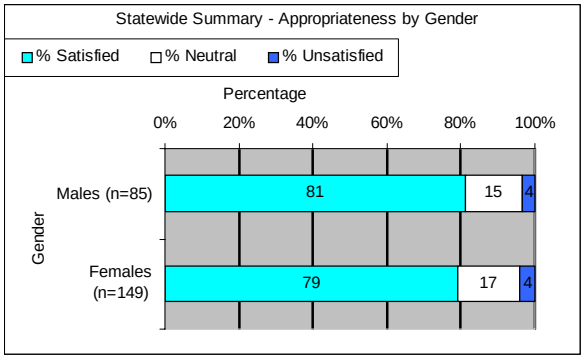
In the following section findings will be presented that compare and contrast different groups of respondents on each of their five domain scores and on the MHSIP overall. The groups to be contrasted include Gender (males vs. females), Age Groups (18 – 34+, 35 – 64+, 65 and above), Race/Ethnicity (white non-Hispanics compared to all others), whether Working for Money in the Community (those that are vs. those who are not), whether Still Receiving Services from the CMHC (those that are vs. those that are not), and Reason for Entering Treatment (Voluntary vs. Suggested by Others vs. Forced).

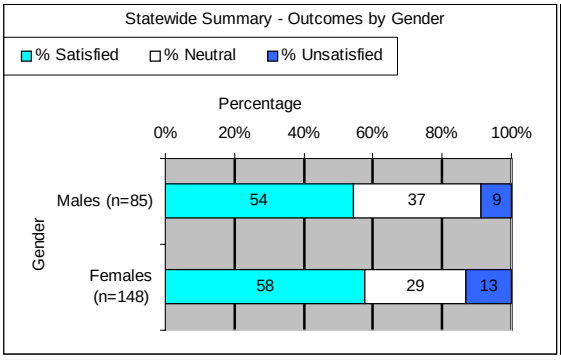
Evaluation of Services by Gender

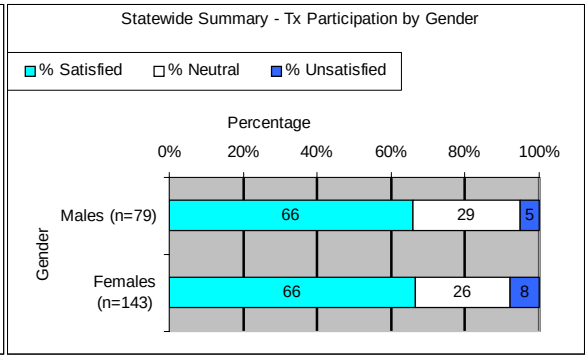
36% of respondents were male and 64% were female. This represents a 6% decrease from this year to last and a 10% decrease from Year 2003. Thus the last few years have shown a steadily decreasing percentage of male compared to female respondents. The linear trend of a decreasing percentage of males is statistically significant ($p<.05$). One consumer did not identify their gender.

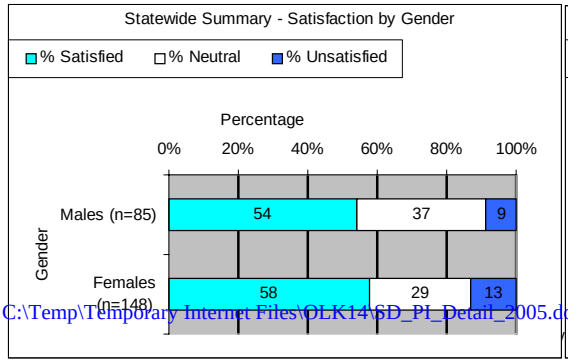
The tables below show the percentage of males and females that are satisfied, neutral, or unsatisfied for each of the five MHSIP domains and for the MHSIP summary score. A visual inspection of these charts shows that males and females are quite comparable in their likelihood of being satisfied.

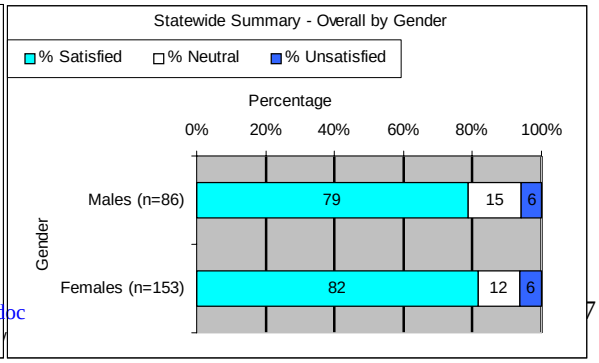












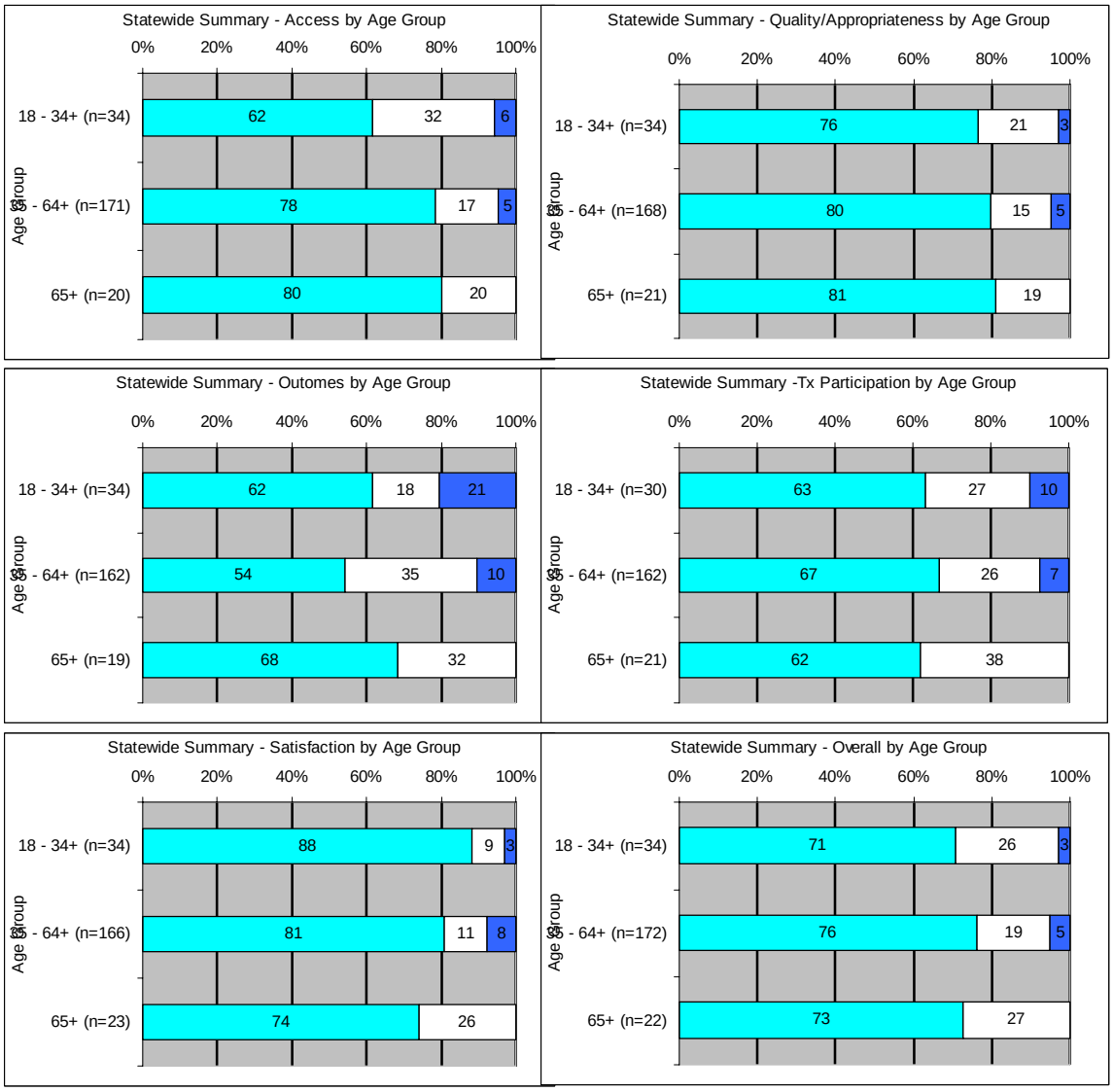
A set of analyses were carried out for Year 2005 consumers comparing males and females on their average MHSIP domain scale scores and on MHSIP Overall. In all analyses there was no evidence of differences as a function of gender ($p > 0.08$ in all cases). Similar results were found when conducting a somewhat less sensitive chi square analysis using gender with the three categories (Satisfied, Neutral, and Unsatisfied) in the graphs above ($p > .35$ in all cases).

An analogous set of analyses were carried out for all six cohorts. Two years ago no differences were found in either set of analyses. Last year one difference emerged, in the domain of Access. This year, with an even larger set of data, no differences were found ($p > .10$ for all analyses). Given the lack of findings from the more sensitive t-test analyses, the less sensitive chi square analysis will not be conducted. It appears reasonable to conclude that there are no meaningful differences in a 'clinical' sense in males' compared to females' ratings on the MHSIP domains.

Evaluation of Services by Age Group

Of those responding, 15% of respondents were in the youngest age group 18-34); 75% were in the middle age group (35 – 64); and, 10% were in the oldest age group (65+). Twelve respondents (5% of the total) did not give information about their age. This profile is more similar to the years up through Year 2003, and somewhat different from last year. That is, compared to last year, this sample has a somewhat larger percentage of consumers aged 35 through 64 and a somewhat lower percentage of consumers in the oldest age group.

The tables that follow show the percentage of respondents in each age group that are satisfied, neutral, or unsatisfied for each of the five MHSIP domains and for the MHSIP summary score. A visual inspection of these charts shows that unlike prior years when older compared to younger consumers tend to be somewhat more likely to be satisfied over many if not most of the MHSIP domains, no clear pattern emerges this year. The statistical analyses that follow will help determine whether statistically significant differences are present.



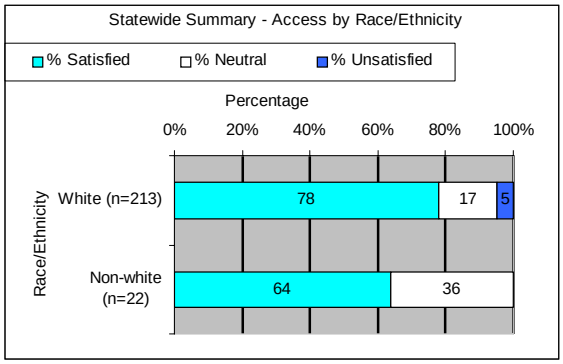
A set of analyses were carried out for Year 2005 consumers comparing differences among age groups for the five MHSIP domains and MHSIP overall; consumers' scale scores were used in these analyses. As was the case last year, there were no statistically reliable differences among these three groups ($p>.20$ in all cases). Similarly no differences were found when conducting a somewhat less sensitive chi square analysis using age group with the three categories of Satisfied, Neutral, and Unsatisfied shown in the graphs above.

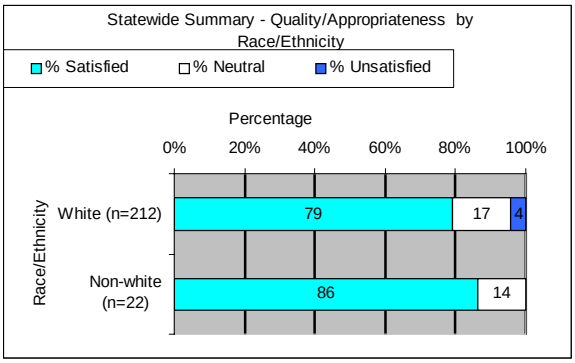
Respondents from the last two years were analyzed together. No differences were found as a function of age group for this two-year sample ($p>.05$ in all cases), nor with the less sensitive chi square analysis ($p>.05$). This is in marked contrast to differences found in preceding years which generally showed that satisfaction increased from the youngest to the oldest age groups. It will be interesting to see whether next year's sample continues the two year trend just described.

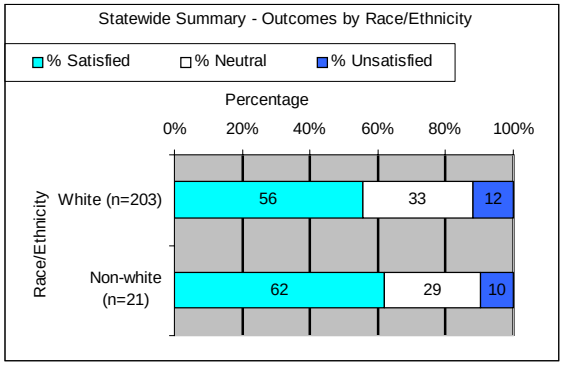
Evaluation of Services by Race/Ethnicity

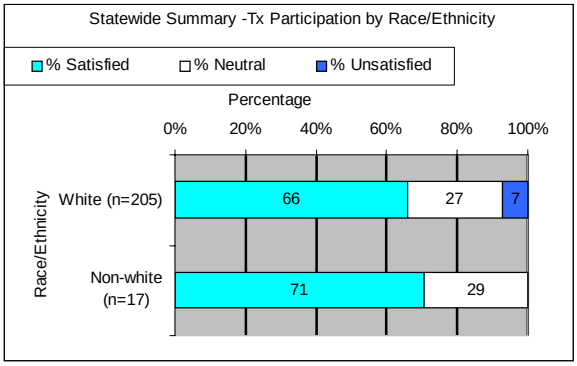
Similar to last year's pattern 90% of respondents were White non-Hispanic while 10% were non-white. Only one respondent did not provide information about race/ethnicity.

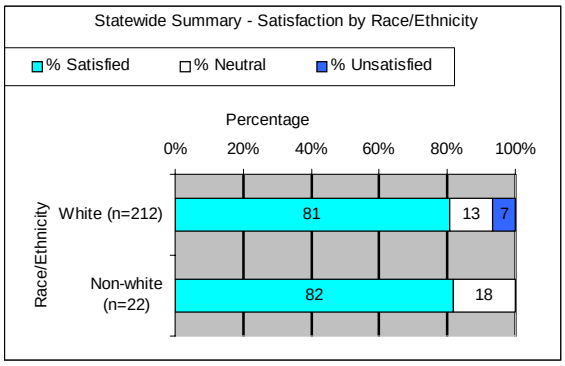
The tables that follow show the percentage of white non-Hispanic and non-white consumers that are satisfied, neutral, or unsatisfied for each of the five MHSIP domains and for the MHSIP summary score. A visual inspection of these charts shows a tendency for non-whites to be more satisfied on most domains with the possible exception of Access. The statistical analyses that follow will help determine whether this is a 'real' finding.

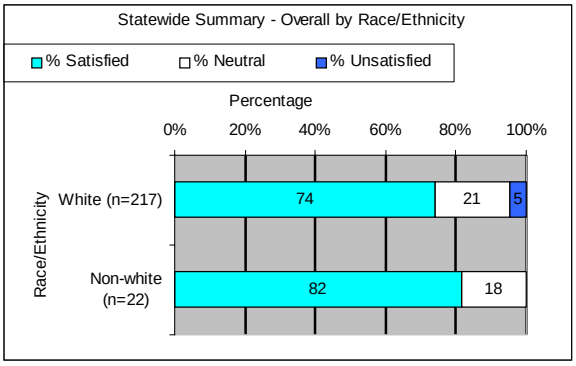












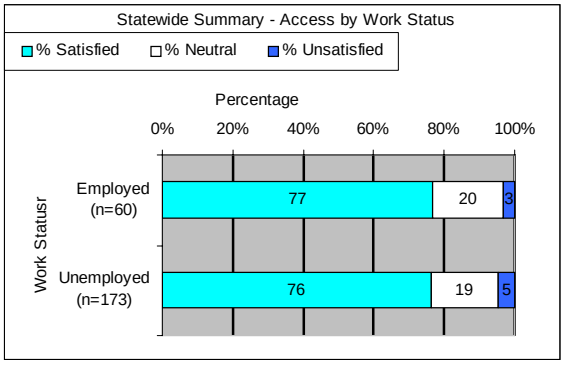
A set of analyses were carried out for Year 2005 consumers comparing differences among the five MHSIP domains and MHSIP overall as a function of race/ethnicity; consumers' scale scores were used in these analyses. As was the case last ear none of these differences

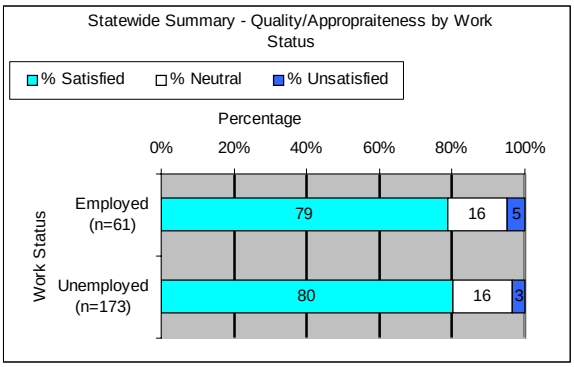
approached statistical significance (p>.15 in all cases). Chi square analyses showed similar results.
A similar set of analyses were conducted using the entire data set. There is no evidence that differences exist between whites and non-whites (p > .35 in all cases). Results from the chi square analysis were identical to the findings just reported. Thus it appears reasonable to conclude that there are no 'clinically' meaningful differences in ratings of the MHSIP domains as a function of race/ethnicity.

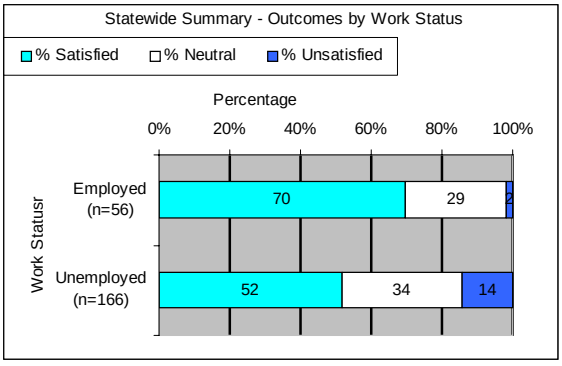
Evaluation of Services by whether Working for Money in the Community

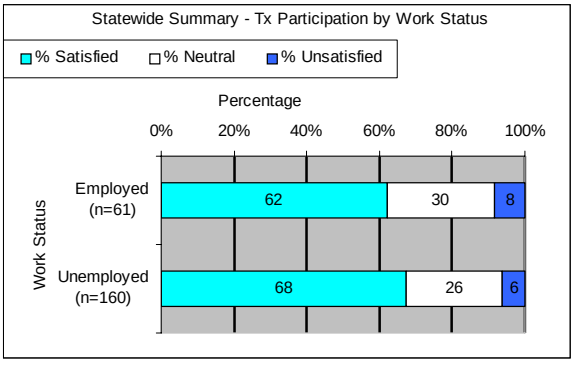
Of those responding to this question, 26% of respondents reported that they were working for money in the community; 74% reported that they were not. Only two respondents did not provide this information.

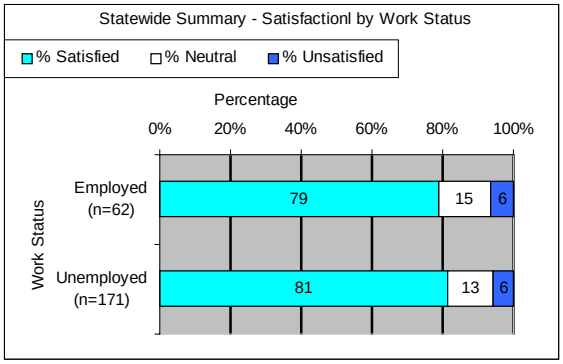
Compared to the last two years this is a decrease of about 4% in the number of consumers reporting that they are working. The best generalization continues to be that in each survey 25% to 35% of consumer respondents report that they are working for money.

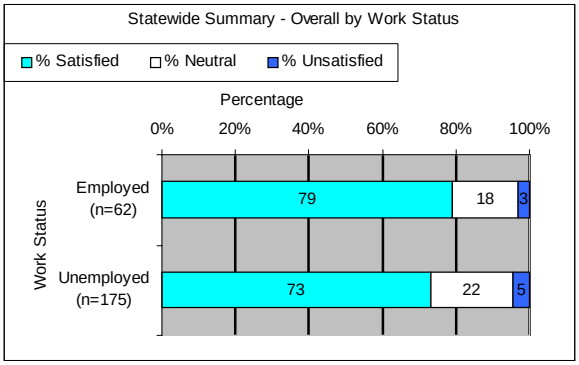












The tables above show the percentage of employed vs. unemployed consumers that are satisfied, neutral, or unsatisfied for each of the five MHSIP domains and for the MHSIP summary score. A visual inspection of these charts shows those working compared to those not working appear more likely to be satisfied in the domain of Outcomes only. The statistical analyses that follow will help determine whether this is a 'real' finding.

For the current set of data those working were more positive in their evaluations than those not working in the domain of Outcomes only ($p < .01$). This represents a medium effect size; thus this finding is 'clinically' quite meaningful. Analogous results were found for the analyses based on chi square.

As was the case last year, analyses using the much larger set of data from all six surveys showed differences for the domain of Access, Appropriateness, Outcomes, and for MHSIP Overall. The effect size associated with these findings was small-to-moderate for Outcomes, small for MHSIP Overall, and less than "small" for the remaining domains. Analyses based on chi square were statistically significant for the domains of Access ($p=.05$), Outcomes ($p<.001$), and for MHSIP Overall ($p<.05$).

It should be noted that the domain of Outcomes included an indicator that asks consumers to rate the extent to which their CMHC has helped them "… do better in school and/or work." The issue is whether this item is confounded with work status. One could make an argument, however, that a) the question asks about both school and work, b) the question asks the extent to which the CMHC is helpful rather than about issues related to job satisfaction, and c) it's appropriate to include this item if a CMHC has been helpful in helping a consumer obtain a job or improve consumer skills to make it more likely they will obtain a job in the future.

An analogous set of analyses were carried out with this item eliminated from the scale assessing the Outcomes domain. Similar differences were found. Differences between these two groups on this single item are, not surprisingly, substantially larger. Thus it seems reasonable to conclude that those who report that they are working for money compared to those who don't are more likely to be satisfied in the MHSIP domain of Outcomes. This is a 'clinically' meaningful finding.

Evaluation of Services by whether Still Receiving Services from their CMHC

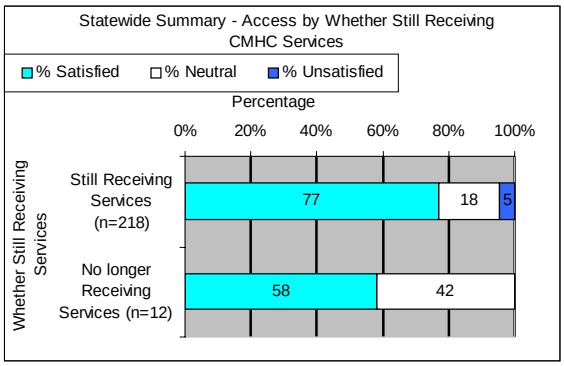
Of those responding, 226 (95%) of respondents reported that they were still receiving services from their CMHC, while 12 (5%) reported that they were not. This is a slightly lower percentage of those no longer receiving services than was the case for the last year, and continues the trend observed over the last two years. Only six respondents, 2.5% of the overall sample, did not provide this information.

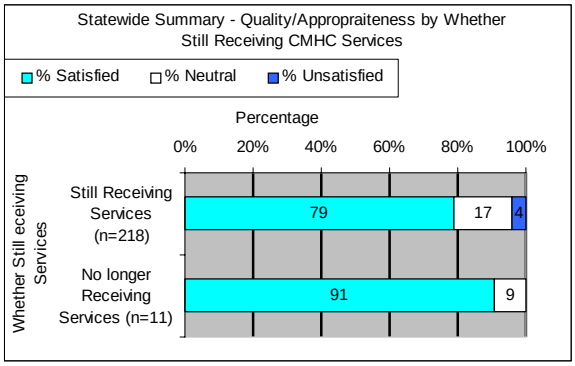
As can be seen from a visual analysis of the six charts that follow, with some exceptions those no longer receiving services compared to those who are more likely to be 'satisfied' in each domain and less likely to be 'neutral' or 'unsatisfied.' This visual analysis is in direct contrast with findings from previous cohorts, though it should be noted that these results are based in part on a very small number of respondents who reported that they were no longer receiving

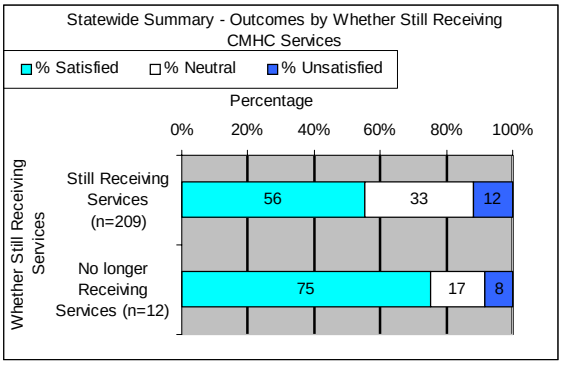
services. The statistical analyses that follow will help determine whether this is a 'real' finding. Results for Year 2005 are unlikely to be statistically significant for the reason just given.

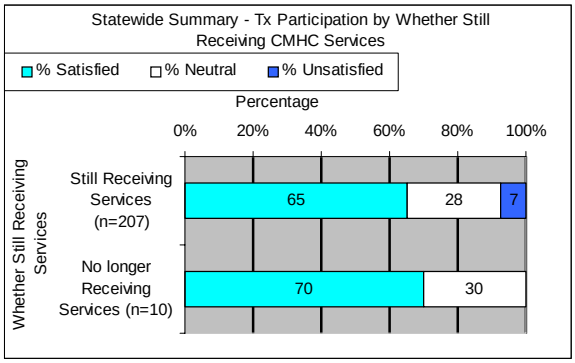
For the current set of data no statistically significant differences were found for on any of the analyses conducted (p>.20 or beyond in all cases).

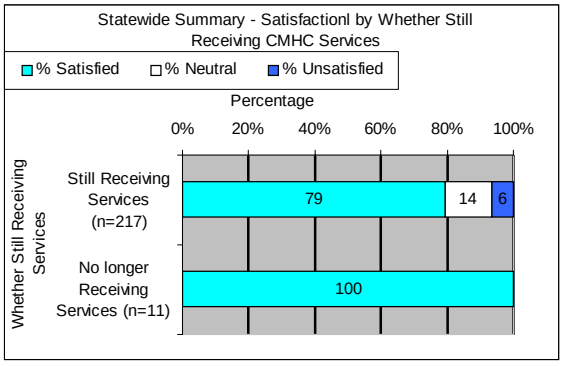
Not surprisingly analyses using the much larger set of data from all five surveys showed highly significant differences for all domains (p<.001) in line with findings from past years. Since these findings contrast markedly with the findings for this year (excluding the domain of Access) they will not be discussed further. It is interesting to note, however, that there does seem to be a trend towards a) a smaller percentage of respondents reporting they no longer receive services, and b) those who do report they no longer receive services being more likely to be satisfied.

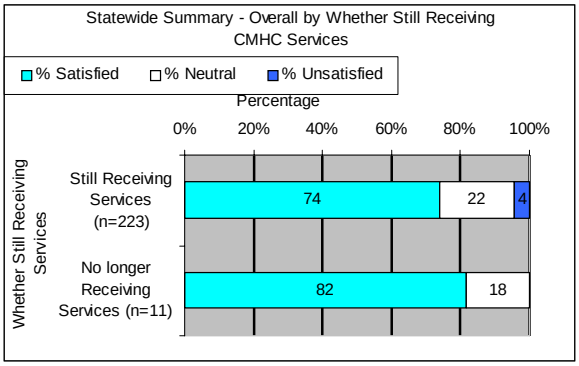






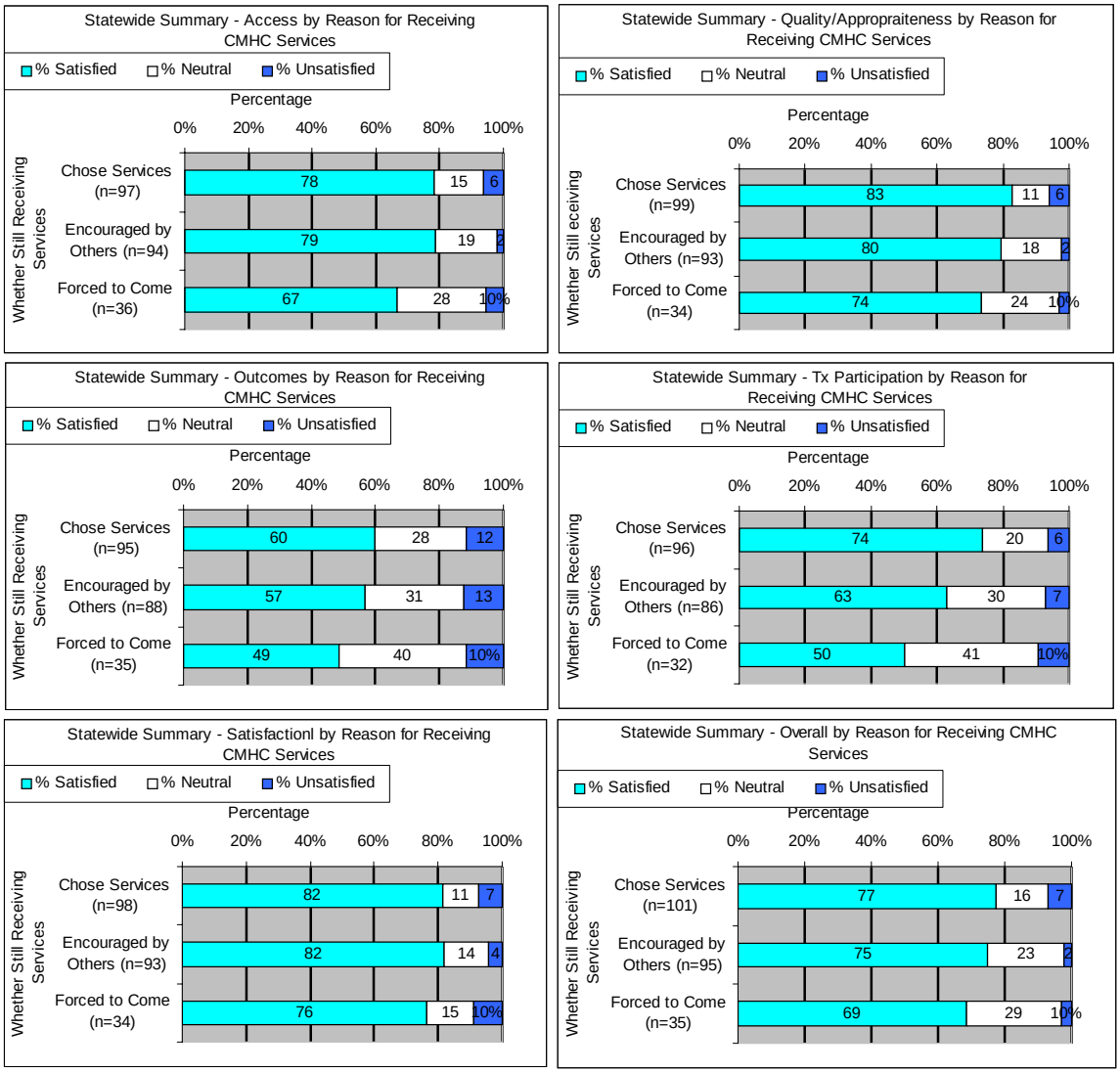






Evaluation of Services by whether their Decision to Receive Services was Voluntary or Not Voluntary

For Year 2004 a question was added to the MHSIP survey asking consumers to indicate why they made the decision to start receiving services from their CMHC. Of those responding this year, 101 (43%) of respondents reported that they chose to receive services, 96 (41%) reported that they were encouraged by others, while 37 (36%) reported that they were forced to receive services. Ten respondents (four percent of the sample) did not respond to this question.



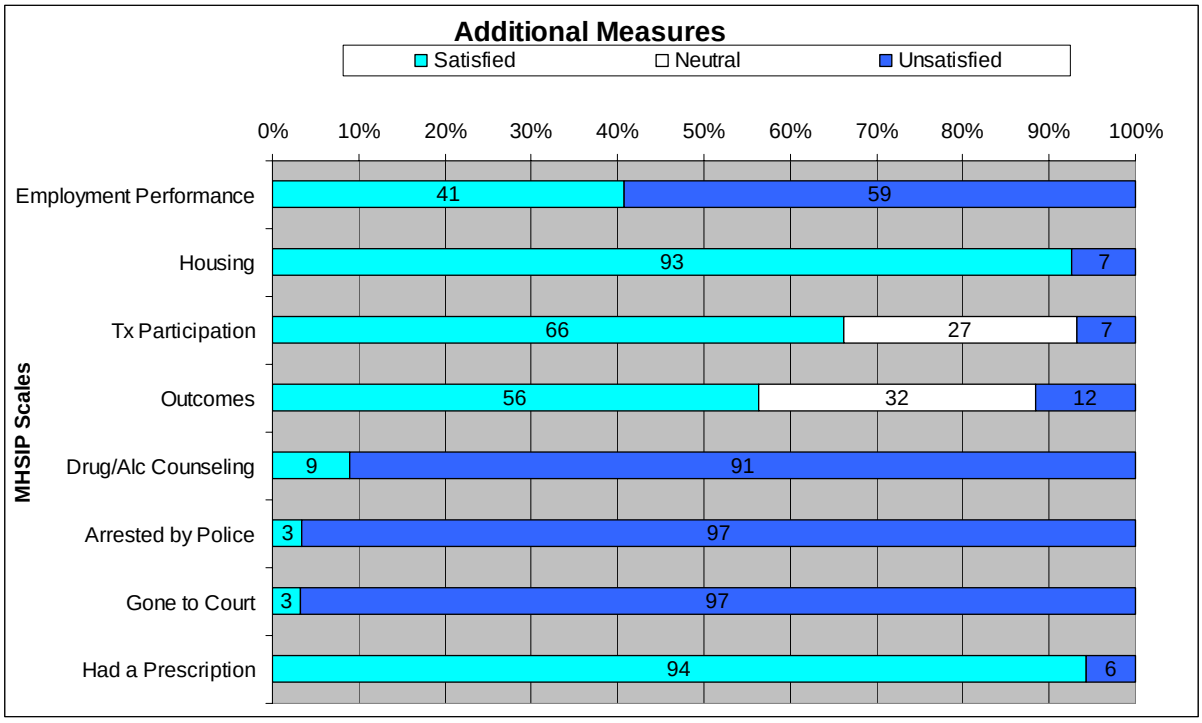
The tables above show the percentage of consumer respondents who chose to receive services, were encouraged to receive services, or were forced to receive services that were satisfied, neutral, or unsatisfied for each of the five MHSIP domains and for the MHSIP summary score. A visual inspection of these charts shows that with the possible exception of one domain those in the first two categories have very similar percentages, while the third category is less satisfied. This is quite similar to the pattern found last year. These two groups are much more

likely to be satisfied, and less likely to be neutral or unsatisfied, compared to those who reported that they were 'forced' to come. The statistical analyses that follow will help determine whether this is a 'real' finding.

For the current set of data no statistically significant differences were found. Since on average the differences found this year were very similar to those found last year, a combined analysis showed statistically significant differences for all five MHSIP domains and MHSIP overall ($p<.05$ and beyond). In all cases post hoc tests showed that there were no significant differences between those who "chose services" compared to those who were "encouraged by others", and that these two groups were significantly more positive than those who reported that "they were forced to come". The effect size for these findings was at least moderate in all cases. Analyses on the combined samples based on chi square found very similar results. Thus it seems reasonable to conclude a) that those who reported that they "chose services" were more likely to be satisfied than those who reported that they were "forced to come", and b) that those who reported that they were "encouraged by others" are likely to be quite similar to those who chose services.

Additional Measures:

The chart below displays the results from a number of additional measures included in the survey. Employment performance indicated that 41% of respondents are 'employed' by the criteria supplied (working for money in the community, doing volunteer activity, or working in the CMHC); 59% are not so employed. 93% of respondents indicate that they live in (relatively) independent housing, 7% do not.



Sixty-six per cent of respondents are satisfied with their participation in their treatment decisions. A somewhat smaller percentage of respondents (56%) agree that they are satisfied with the outcomes received from their involvement with their CMHC.

Nine per cent of respondents are in drug or alcohol counseling or both, 91% report that they are not; this represents another improvement of about 5% compared to last year. Only three per cent of respondents reported that they have been arrested by the police, 97% have not. This is substantially different than was the case last year. While it may be tempting to conclude that this represents a substantial improvement in this group of consumers it is more likely that some other change in the sample accounted for this. Three per cent of respondents reported that they had gone to court for something they did, while ninety-seven per cent have not, another substantial change that still needs to be accounted for. And, ninety-four per cent reported that have had a prescription for a mental or emotional problem while six per cent had not.

Discussion/Implications

Historically, CMHCs have shown that they value input from consumers and family members by conducting surveys requesting an evaluation of services. This is the sixth year in which a complete MHSIP consumer survey of adult consumers was done. As was done previously, there was a Statewide random sample of adult consumers; all adult consumers who are SPMI and had received at least one service within the last three months were included in the sample.

The completion rate for this sample of adult consumers was close to 28%, a drop of 12% from the previous year. Two factors may account for this drop. First, in previous years a new mailing was done for those respondents in the sample who had not yet returned their questionnaire. This year only one mailing was sent out. Second, there appears to be a generally tendency for response rates to decrease; specifically a neighboring state has been experiencing this for the past two or three years. It is also worth noting that a response completion rate of 28% is still quite respectable.

Statewide evaluation of services was very positive overall and particularly for the domains of Access, Quality/Appropriateness, and General Satisfaction as well as the overall MHSIP Summary score. Seventy-five percent of respondents rated themselves as satisfied with the services they received. The domains of Treatment Participation and Outcomes, while still positive, were less positive than other domains. Finding differences between domains speaks to the strength of the MHSIP instrument and the ability of consumers to evaluate domains separately.

Results for Year 2005 were similar to Year 2004 results. In past years it has been noted that consumers' satisfaction with the domain of Outcomes had been trending less positively. Since this is the best indicator of the effectiveness of CMHC services this trend was troubling. This year showed a small reversal in that trend (means of 2.37 vs. 2.39 for this compared to the past year's average consumer response). It is still the case that compared to all previous years the percentage of adult respondents who reported that they are satisfied with their Outcomes has decreased (64% vs.56% respectively). In Year 2005 we noted that the number of mentally unhealthy days had increased from Year 2003. This year the average number of mentally unhealthy days was virtually identical to those reported in Year 2004 (11.6 vs. 11.7 respectively). This provides a bit more evidence that the average number of mentally

unhealthy days per year is associated with consumer's ratings of their outcomes. Of course a consumer's mentally unhealthy days is also a likely indicator of the benefits they are receiving from their mental health services.
With regard to demographic variables, the percentage by gender, race/ethnicity, and age group are reasonably similar this year to last. It is worth noting, however, that there has been a decrease in the percentage of mail respondents over the last 3 years. Also, the profile of the three age groups (18-34, 35-65, 65+) was more similar to Year 2003 than it was to Year 2004. That is, compared to last year, this sample has a somewhat larger percentage of consumers aged 35 through 64 and a somewhat lower percentage of consumers in the oldest age group.

There was no meaningful difference as a function of gender. Male compared to female consumers had about the same satisfaction rate for the five MHSIP domains.

A similar lack of results was found for the demographic variable of race/ethnicity. White non-Hispanic consumers compared to non-White consumers had very similar rates of satisfaction for the MHSIP domains.

In previous years there was a consistent trend for age. That is, the older the consumer's age group the more positive the ratings. This finding was not replicated this year, nor was it replicated when respondents in Year 2004 were combined with Year 2005. It will be interesting to see whether next year's sample continues the two year trend just described. It is unclear what is accounting for this difference. A more extensive analysis will be done for next year's report if this trend continues.

The inclusion of the CDC's 4-item HRQOL (Health Related Quality of Life Scale) scale now appears to have been a useful addition to the survey. This scale provides information on client functioning that supplements the MHSIP questionnaire. These scores also related significantly to the MHSIP domains, especially the domain of Outcomes for this year as well as last year. It is expected that this added information will provide a useful picture of some important dimensions of adult consumer's lives.

Consumers who reported they were no longer receiving services (5% of the current sample) compared to those who were still receiving services (95% of the current sample) did not differ in their ratings. Analyses using data over the six years of the survey found strong evidence for the expected results. That is, those who reported that they were no longer receiving services compared to those who were still receiving services were substantially less satisfied. While at first glance this seems like an obvious finding it may still be worth identifying such individuals, when possible, and attempting to find goals that both the consumer and staff can agree on.

For Year 2005 individuals who reported that they were working for money in their community, compared to those who were not, were substantially more positive only for the domain of Outcomes. The results were substantially broader when data from all six surveys were used, with statistically significant findings for all domains except for Treatment Participation and General Satisfaction. With the exception of the domain of Outcomes the effect size for these findings is small enough that they are not very meaningful clinically. This year 26% of these SPMI consumers report that they are working for money; this is a decrease of 4% from the previous year. It is still worth noting that 40% of SPMI adult consumers from a neighboring state report that they are working in the community.

In Year 2004 a question was added to the survey that asked respondents to indicate what led them to start receiving services. For this year's sample there were no differences between respondents who reported that they chose to receive services compared to those who said that such services were recommended by others. This is the same result as we reported last year. Combining the two samples, however, showed strong support for the following pattern. There were no significant differences between those who "chose services" compared to those who were "encouraged by others". Both these two groups were significantly more positive than those who reported that "they were forced to come". The effect size for these findings was at least moderate in all cases.

There were again statistically significant differences among CMHCs for the current survey. Reliable differences were also found when data from all years of the survey are combined. There is evidence that one CMHC is rated more positively while another is rated more negatively than the other nine CMHCs. It may be worth doing a more detailed analysis to determine a) whether these are 'real' differences and more important b) whether there are lessons that can be gleaned to improve mental health services for adult consumers Statewide.

The challenge continues for CMHCs to discuss findings, validate them, consider possible explanations for differences, look for ways to improve services, and finally, to implement strategies to improve services when appropriate. CMHCs are to be commended for participating in the development of these performance indicators and low scores are not to be construed as negative reflections on CMHCs. The most important observation about this project is that consumers are evaluating the services they receive and Centers are doing everything they can to listen and improve services based on this evaluation.